

SMALL CLAIM FORM - per NH RSA 126-A:12

This form is to be filled out by all persons wishing to make claims for non-insured personal loss or accidents due to activities of the department.

Type or Print Clearly

1. FULL NAME OF CLAIMANT:

(Last)

(First)

(Middle Initial)

2. ADDRESS OF CLAIMANT:

(Number & Street)

(City/Town)

(State)

(Zip Code)

3. AMOUNT OF CLAIM: \$_____

4. DESCRIPTION OF CLAIM:

(Specify whether the claim is based on personal injury or property damage. Attach copies of any relevant bills or other documents.)

5. DESCRIPTION OF HOW CLAIM AROSE:

(Describe in detail any incident, or incidents, giving rise to the claim.)

6. WITNESSES:

(List all persons who were involved in, or witnesses to the incident, or incidents, giving rise to the claim. State briefly what each such witness can say about the incident, or incidents.)

NAME OF WITNESS:	WHAT WITNESS CAN SAY:
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7. THEORY OF LIABILITY:

(State briefly why you think the State should be liable to you on your claim.)

I SWEAR THAT ALL STATEMENTS MADE HEREIN AND HERewith ARE
TRUTHFUL TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

(Date)

(Signature of Complainant)